

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Mental Health, Substance Abuse and Addiction Services
P.O. Box 98925
Lincoln NE 68509-8925
(402) 479-5577

**RENEWAL APPLICATION FOR CERTIFICATION AS A
CERTIFIED COMPULSIVE GAMBLING COUNSELOR
(CCGC)**

(Print or Type)

SECTION A – GENERAL INFORMATION

1. Name: _____
(Last) (First) (Middle)

(Maiden) (Other Last Names Records May Be Under)
____ Check if name change (Attach official verification)

2. Home Address: _____
(Street / P.O. Box / Route)

(City) (State) (Zip)
____ Check if new address

3. Home Telephone No.: (____) _____ 4. Social Security No.: _____ - _____ - _____

5. Email Address: _____

6. Current Employer: _____
(Agency)

(Program / Department / Division)

7. Work Address: _____
(Street / P.O. Box / Route)

(City) (State) (Zip)

8. Work Telephone No.: (____) _____

Be sure to complete Section B before mailing in your renewal application

SECTION B – CONTINUING EDUCATION

To be eligible to renew your certification, you must document fifty (50) hours of Office of Mental Health, Substance Abuse & Addiction Services-approved continuing education during the current certification period. Twenty-five (25) of these hours **MUST** be problem gambling specific and have the appropriate Office of Mental Health, Substance Abuse & Addiction Services approval number to be counted toward meeting this requirement. List training completed in date order and **attach verification of attendance** (certificate, grade report, transcript) for each training.

Program Date(s)	Program Title	Office Approval Number	Gambling Specific Hours	Total Hours Earned
TOTAL HOURS EARNED				

I understand that falsification of any part of this application may result in my being denied certification renewal or revocation of same upon discovery.

Signature of certificate holder

Date

**ENCLOSE \$50.00 recertification fee. Make check or money order payable to: "Department of Health and Human Services."
DO NOT SEND CASH.**

SUBMIT APPLICATION, VERIFICATION OF TRAINING DOCUMENTATION AND FEE TO:

Department of Health and Human Services
Office of Mental Health, Substance Abuse and Addiction Services
ATT: CCGC Certification
P.O. Box 98925
Lincoln, NE 68509-8925